COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 347-1604 FAX (562) 941-5835
http://.ems.dhs.lacounty.gov/

DATE: **November 19, 2014**

TIME: **1:00 – 3:00 pm**

LOCATION: **Los Angeles County EMS Agency**
10100 Pioneer Blvd.
EMS Commission Hearing Room – 1st Floor
Santa Fe Springs, CA 90670

The Commission meetings are open to the public. You may address the Commission on any agenda item before or during consideration of that item, and on other items of interest which are not on the agenda, but which are within the subject matter jurisdiction of the Commission. Public comment is limited to three (3) minutes and may be extended by Commission Chair as time permits.
NOTE: Please SIGN IN if you would like to address the Commission.

AGENDA Revised on 11/13/14)

CALL TO ORDER – Raymond Mosack, Chairman

INTRODUCTIONS/ANNOUNCEMENTS

CONSENT CALENDAR (Commissioners/Public may request that an item be held for discussion.)

1 MINUTES
- July 16, 2014
- No official meeting on September 17, 2014 due to lack of a quorum

2 CORRESPONDENCE
- 2.1 October 27, 2014, Ralph Mundell, Fire Chief, Beverly Hills Fire Department: Utilization of QuikClot® Combat Gauze™
- 2.2 October 27, 2014, Ralph Terrazas, Fire Chief, Los Angeles Fire Department: Utilization of QuikClot® Combat Gauze™
- 2.3 October 23, 2014, Cathy Chidester/EMS Commission: Letter of Resignation from the EMS Commission from Mr. Gerald Clute
- 2.4 October 20, 2014, Harold Scoggins, Fire Chief, Glendale Fire Department: Newly Appointed Medical Director
- 2.5 October 8, 2014, Doug Cain, Executive Vice President, Antelope Ambulance Service: Request to split an existing Exclusive Operating Area (EOA) for the 2016 Emergency Ambulance Transportation Agreements
- 2.6 October 6, 2014, Dan Castillo, Chief Executive Officer, LAC+USC Medical Center: Allocation of Senate Bill 1773, Pediatric Trauma Center Funding (Richie's Fund) for Fiscal Year 2013-2014
- 2.7 October 6, 2014, Thomas M. Priselac, President/CEO, Cedars-Sinai Medical Center: Allocation of Senate Bill 1773, Pediatric Trauma Center Funding (Richie's Fund) for Fiscal Year 2013-2014

2.8 October 6, 2014, Delvecchio Finley, Chief Executive Officer, Harbor-UCLA Medical Center: Allocation of Senate Bill 1773 Pediatric Trauma Center Funding (Richie's Fund) for Fiscal Year 2013-2014
2.9 October 6, 2014, Diana Hendel, Chief Executive Officer, Long Beach Memorial Medical Center: Allocation of Senate Bill 1773 Pediatric Trauma Center Funding (Richie's Fund) for Fiscal Year 2013-2014
2.10 October 6, 2014, Saliba Salo, President, Northridge Hospital Medical Center: Allocation of Senate Bill 1773 Pediatric Trauma Center Funding (Richie's Fund) for Fiscal Year 2013-2014
2.11 October 6, 2014, Richard D. Cordova, President/CEO, Children's Hospital Los Angeles: Allocation of Senate Bill 1773 Pediatric Trauma Center Funding (Richie's Fund) for Fiscal Year 2013-2014
2.12 October 6, 2014, Shannon O'Kelley, Chief Operating Officer, UCLA Medical Center: Allocation of Senate Bill 1773 Pediatric Trauma Center Funding (Richie's Fund) for Fiscal Year 2013-2014
2.13 October 6, 2014, (Distribution): Update on Ebola Virus Disease (EVD) For EMS
2.14 September 25, 2014, (Distribution): Normal Saline Intravenous Solution Shortage
2.15 September 25, 2014, (Distribution): Dopamine Shortage/Countywide Utilization
2.16 Medical Director, All 9-1-1 Receiving Facilities, All 9-1-1 Provider Agencies: Senior Physician Opening at Emergency Medical Services Agency

(The following Correspondence was carried over from the 9-17-14 agenda)
2.17 August 14, 2014, Each Supervisor: Emergency Medical Services Commission Annual Report – FY 2013/2014
2.18 August 11, 2014, Jim Branchick, Chief Executive Officer, Kaiser Foundation-Downey Medical Center: Designation as an Approved Stroke Center (ASC)
2.19 August 7, 2014, Tom Lenahan, Fire Chief, Burbank Fire Department: Approved for expanded utilization of intraosseous (IO) infusion for hypoperfusing pediatric and adult patients
2.20 August 6, 2014, Distribution: Pre-Positioned Antibiotics
2.21 July 24, 2014, Gloria J. Robertson, Office of Statewide Health Planning and Development: Health Workforce Pilot Project Application #173
2.22 July 21, 2014, Michael DuRee, Fire Chief, Long Beach Fire Department: Unit Reconfiguration – Approval
2.23 July 21, 2014, Administrator, Each Los Angeles County Skilled Nursing Facility: Accessing Emergency Medical Transportation

3. COMMITTEE REPORTS

3.1 Base Hospital Advisory Committee
3.2 Data Advisory Committee
3.3 Education Advisory Committee
3.4 Provider Agency Advisory Committee

4. POLICIES

4.1 Reference No. 206, Emergency Medical Services Commission - Ordinance No. 12332 – Chapter 3.20 of the Los Angeles County Code
4.2 Reference No. 406, Authorization for Paramedic Provider Status
4.3 Reference No. 410, Drug Authorizing Physician for Provider Agencies
4.4 Reference No. 418, Authorization and Classification of EMS Aircraft

(Policies continued)

4.5 Reference No. 418.1, EMS Aircraft Application
4.6 Reference No. 506, Trauma Triage
4.7 Reference No. 514, Prehospital EMS Aircraft Operations
4.8 Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles
4.9 Reference No. 806.1, Procedures Prior to Base Contact
∗ **4.10 Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch; Reference No. 226.1, Private Ambulance Provider Non 9-1-1 Medical Dispatch Caller Interview Guidelines**

(For information only)

4.11 Reference No. 410.1, Provider Agency Drug Authorizing Physician Confirmation of Agreement to Purchase Drugs and Medical Supplies
4.12 Reference No. 451.1a, Ambulance Vehicle Essential Medical Equipment
4.13 Reference No. 703, ALS Unit Inventory
4.14 Reference No. 706, ALS EMS Aircraft Inventory
4.15 Reference No. 1212, Treatment Protocol: Symptomatic Bradycardia (Adult)
4.16 Reference No. 1223, Treatment Protocol: Decompression Emergency
4.17 Reference No. 1242, Treatment Protocol: Allergic Reaction/Anaphylaxis
4.18 Reference No. 1244, Treatment Protocol: Chest Pain
4.19 Reference No. 1246, Treatment Protocol: Non-Traumatic Hypotension
4.20 Reference No. 1249, Treatment Protocol: Respiratory Distress
4.21 Reference No. 1318, Medical Control Guideline: Intraosseous Access

BUSINESS

Old:

5.1 Community Paramedicine *(July 18, 2012)*
5.2 Wall Time *(July 17, 2013)*
5.3 Active Shooter
5.4 Request For Proposal (RFP) for Emergency Ambulance Transportation (July 16, 2014)
5.5 Physician Services for Indigent Program (PSIP) – Proposed Reimbursement Rate Increase for Services Provided in FY 2014/2015 (September 17, 2014) – **Attachments (3)**
- *August 14, 2014, Participating and New Enrollment Physicians: Physician Services for Indigents Program Enrollment Deadlines by Fiscal Year*
- *August 14, 2014, Distribution: Physician Services for Indigents Program Notice of Proposed Reimbursement Rate Increase for Services Provided in Fiscal Year 2014-15*
- *October 6, 2014, Each Supervisor: Revised Reimbursement Rates For Physician Services For Indigents Program (PSIP)*

5.6 1+1 Paramedic Staffing Model *(November 21, 2012)* – ***Attachments (3)***
- *July 3, 2014, Stephen R. Shea, Medical Director, Long Beach Fire Department: Utilization of Standing Field Treatment Protocols (SFTP)*
- *October 22, 2014, Michael Duree, Fire Chief, City of Long Beach Fire Department: Request for written plan for improvement to the Rapid Medic Deployment pilot project*

(5.6 continued)

- *October 28, 2014, Cathy Chidester, Director, EMS Agency: Reference 407 requirement for on scene arrival of first and second unit*

New:

5.7 911 EMS Provider Ebola Virus Disease (EVD) Patient Assessment and Transportation Guidelines – **Attachment (1)**

- *Guidance on Transfer of Care of Suspect Ebola Virus Disease (EVD) Patient Transported by Ambulance*

5.8 Conducting Public Meetings In Accordance With The Brown Act

5.9 Appointment of a Nominating Committee

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION

8. EMS DIRECTOR'S REPORT

- Data Reports
- Trauma Center in the East San Gabriel Valley
- Motion by Supervisor Mark Ridley Thomas regarding training all employees to perform Hands Only CPR
- Motion by Supervisor Mark Ridley Thomas regarding sale of St. Francis Medical Center and Martin Luther King, Jr., Community Hospital

9. ADJOURNMENT
(To the meeting of January 21, 2015)

Lobbyist Registration: Any person or entity who seeks support or endorsement from the EMS Commission on official action must certify that they are familiar with the requirements of Ordinance No. 93-0031. Persons not in compliance with the requirements of the Ordinance shall be denied the right to address the Commission for such period of time as the noncompliance exists.

CONSENT CALENDAR
November 19, 2014
(Revised 11/13/14)

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   - July 16, 2014

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4.8 Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles
4.9 Reference No. 806.1, Procedures Prior to Base Contact
* **4.10 Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch; Reference No. 226.1, Private Ambulance Provider Non 9-1-1 Medical Dispatch Caller Interview Guidelines**

(For information only)
4.10 Reference No. 410.1, Provider Agency Drug Authorizing Physician Confirmation of Agreement to Purchase Drugs and Medical Supplies
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4.20 Reference No. 1318, Medical Control Guideline: Intraosseous Access

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: SUMMARY OF COMMENTS RECEIVED REFERENCE NO 202.1

Reference No. 226, Private Ambulance Provider Non-9-1-1 Medical Dispatch
Reference No. 226.1, Private Ambulance Provider Non 9-1-1 Medical Dispatch Caller Interview Guidelines

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definitions	Private Ambulance Operator/Provider Task Force (Task Force) 4/16/14	Several definitions have been added to the policy, a couple of definitions previously included have been removed and others were revised. Member comments and suggested revisions to this Section included the following: • For purposes of clarification, the definition for "Non 9-1-1 Medical Dispatcher/Call Taker" has been revised to read as follows: "A person employed by a private provider agency who provides medical dispatch services and is certified as an Emergency Medical Dispatcher (EMD), Emergency Telecommunicator (ETC) or Emergency Medical Technician (EMT)." Members requested that the word "currently" be added before "...certified as an Emergency Medical Dispatcher (EMD)..." • A definition for "Re-Route Call" has been added as follows: "A call in which field EMTs determine, based on their assessment and evaluation of the patient during transport, that a change in the patient transport destination to the most accessible receiving (MAR) facility is warranted, due to a change in the patient's condition as defined in Section I of Reference	Changes made as requested.

		No. 808, Base Hospital Contact and Transport Criteria." Members present requested that the beginning of the proposed definition be revised to read "A basic life support call in which field EMTs determine…". This revision was proposed to ensure that EMTs understand that if it is a CCT transport, the nurse and/or RCP caring for the patient may determine it is in the patient's best interest to transport to the original patient destination, even if there is a change in the patient's condition. Patient destination for ALS/paramedic transports in which the patient condition changes enroute would be determined by the base hospital contacted for medical direction. • A definition for "Urgent Call" has been added as follows: "An unplanned (within one hour) request for patient transportation of a non-emergent patient to a health facility." To read more clearly and enhance this definition, members requested that the definition be revised to read: "An unplanned request for patient transportation (within one hour) of a non-emergent patient to a health facility. This will generally be a transport to an emergency department or urgent care."	
Policy	Task Force 4/16/14	During the meeting members inquired regarding the acceptable timeframe for completing one of the required certifications. There was discussion regarding the availability of the required training courses and the cost associated with sending new employees who may	

		not successfully complete their probationary period. It was determined that all dispatchers/call takers must have current certification within six (6) months of their date of hire and language will be added to the policy to address this. • The medical dispatcher duties were previously included in Section III. and are now included as part of Section II., item B. 1-6. These revisions were reviewed and members requested that item B. 2. be revised to read as follows: "Determining, through key medical questions and as outlined in prehospital care policies…" • The previous Section V. Policies and Procedures, has been renumbered as Section III. and renamed "Private Provider Agency Policies and Procedures Requirements". The proposed revisions to this Section were reviewed and discussed and the following revisions were requested by members: ➢ Item D. 2. b. – Add "…or upgraded.." between "Re-Route Calls…" ➢ Item D. 2. b. – Revise to read as: "Dispatch shall document the date, time and rationale for re-route of the patient."	

DEPARTMENT OF HEALTH SERVICES
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SUBJECT: SUMMARY OF COMMENTS RECEIVED REFERENCE NO 202.1

Definitions	Taskforce 5/20/14	Member comments and suggested revisions to this Section included the following: • The definition for "Non 9-1-1 Medical Dispatcher/Call Taker" has been revised to read as follows: "A person employed by a private provider agency who provides medical dispatch services and is currently certified as an Emergency Medical Dispatcher (EMD), Emergency Telecommunicator (ETC) or Emergency Medical Technician (EMT)." The word "currently" was added before "…certified as an Emergency Medical Dispatcher (EMD)…" • Critical Care Transport (CCT), the word "Care" was added as it was previously left out. • The definition for "Re-Route Call" has been revised as follows: "A basic life support call in which field EMTs determine, based on their assessment and evaluation of the patient during transport, that a change in the patient transport destination to the most accessible receiving (MAR) facility is warranted, due to a change in the patient's condition as defined in Section I of Reference No. 808, Base Hospital Contact and Transport Criteria." The wording "A basic life support call" was added before "…in which field EMTs determine…."	Changes made as requested.

		• A definition for "Urgent Call" to read more clearly and enhance this definition has been revised as follows: "An unplanned request for patient transportation (within one hour) of a non-emergent patient to a health facility. This will generally be a transport to an emergency department or urgent care."	
Policy	Taskforce 5/20/14	• Formatting issues were corrected. • Section II, items A. and B. The word "call takers" will be added to "…medical dispatchers…" to read "…medical dispatchers/call takers…." throughout the entire policy. • Section III, item 2. b., added wording "Re-Route or Upgraded Calls – Dispatch shall…." • Section III, item 2. b. i., added wording "Dispatch shall document the date, time and rationale for re-route of the patient". • Section III, item F. suggested adding relevant HIPAA, PHI, and HITECH compliance language. • Section V, item A., add wording to read "Reviewing and approving all dispatch policies and procedures related to patient care." • Section VII, add wording to read "The EMS Agency will conduct, at minimum, annual site surveys to…."	

DEPARTMENT OF HEALTH SERVICES
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SUBJECT: SUMMARY OF COMMENTS RECEIVED REFERENCE NO 202.1

Cross References	Taskforce 5/20/14	The cross reference of the "California Emergency Medical Services Authority Emergency Medical Service Dispatch Program Guidelines #132" has been removed and Reference No. 808, Base Hospital Contact and Transport Criteria was added.	
Development of Caller Interview Questions	Taskforce 5/20/14	Discussion by the group as to whether dispatch caller interview questions should be a guideline versus policy. Guidelines do not have to be reviewed through the policy process; policy must go through PAAC, BHAC, and EMS Commission for approval. This group agreed that this algorithm should be included as part of the policy, such as Reference No. 226.1, rather than a guideline. Medical dispatch questioning should start with location of the emergency, caller name, patient's name, and nature of the call or chief complaint. The group discussed the development of an algorithm to guide questioning according to Computer Aided Dispatch (CAD) systems. Emergency Telecommunicator Certification (ETC)/Emergency Medical Dispatch (EMD) Guidelines should be used as a primary reference for the development of this policy. Issues that should be addressed in this policy include chief complaint, Do Not Resuscitate (DNR), physician on-scene, Against Medical Advice (AMA), and patients on a 5150 hold.	

DEPARTMENT OF HEALTH SERVICES
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SUBJECT: SUMMARY OF COMMENTS RECEIVED REFERENCE NO 202.1

Authority	Taskforce 6/17/14	• Added Health Insurance Portability and Accountability Act of 1996 (HIPAA) • Health Information Technology for Economic and Clinical Health Act (HITECH)	
Definitions	Taskforce 6/17/14	• Urgent Call: added "(within one hour)" to the definition	
Policy	Taskforce 6/17/14	• "Medical Dispatcher/Call Taker" was added throughout the policy any place it stated "medical dispatcher". • Section III, item F. added the following language "A recording-keeping system, including report forms or a computer data management system to permit evaluation of patient care records and ensuring that patient confidentiality is maintained in compliance with protected health information (PHI) regulations including the Health Insurance Portability Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act." This language is directly out of Prehospital Policy Reference No. 602, Confidentiality of Patient Information.	
Cross References	Taskforce 6/17/14	• Added Prehospital Policy Reference No. 602, Confidentiality of Patent Information	

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: SUMMARY OF COMMENTS RECEIVED REFERENCE NO 202.1

Reference No. 226.1, Provider Ambulance Provider Non 9-1-1 Medical Dispatch Guidelines	Taskforce 6/17/14	Reference No. 226.1, Provider Ambulance Provider Non 9-1-1 Medical Dispatch Guidelines draft was presented to the group. This algorithm was drafted based on the ETC/EMD Guidelines provided by Ben Baker. The algorithm is a decision tree format and each item and concept was discussed as follows: • Medical dispatch questioning should start with location of the patient or pick up location rather than using the term "emergency" or "incident" since this policy is relevant to private ambulance providers that are not responding to those types of calls. • Information about the patient's condition/chief complaint- "chief complaint" was added. • Ordering Physician, if available – this item is nice to have but not necessary. • ETA was removed. This is irrelevant for the purposes of this algorithm and allows private providers to insert ETA based on their own operating procedures. • Added "Psychiatric Hold, oxygen and Bariatric" to other pertinent information. • Lengthy discussion about Reference No. 808.1 and wording that should be used for this box in the algorithm. Discussion included defining the items listed within this box and training standards. The group reviewed other EMS Agency	Updated Algorithm with suggested changes.

		Policies and Medical Control Guidelines to determine standards for wording. This item was tabled and will be presented to John Telmos and Luanne Underwood for their feedback and experience with crafting policy that is appropriately worded to meet the intended purpose of the policy. • There was discussion about adding specific questions or script that would help clarify or identify the nature of the chief complaint to determine if the call should be referred to the 9-1-1 jurisdictional provider. The minimum number and which questions should be utilized as a script for the purposes of this policy was also discussed at length. The group could not come to consensus on this item which was tabled until the ETC Guidelines can be reviewed in greater detail.	
Policy	Taskforce 7/15/14	• Section I, item B. "in accordance with Prehospital Care Polices and with Los Angeles County Code (including, but not limited to: Reference No. 517, 802, 808, etc.)" was added to clarify that not only are internal dispatch policies and procedures required, but that the Prehospital Care Policies and County Code must be followed as well. • Section II, item A, the requirement for a dispatcher/call taker to have a CPR card was removed as a minimum requirement.	

		• Section III, item E, the requirement for private ambulance companies to be familiar with their roles and responsibilities during a Multiple Casualty Incident (MCI) as outlined in Reference No. 519.3, Multiple Casualty Incident Transportation Management was added. This is to ensure private providers do not self-dispatch during an MCI and are familiar with the Fire Operational Area Coordinator (FOAC) process. • Section VI, item B, was revised to read: "The dispatch and patient care data shall be made available to the EMS Agency upon request." • Grammar and format issues were corrected.	
Cross References	Taskforce 7/15/14	• Reference No. 519.3 Multiple Casualty Incident Transportation Management was added.	
Reference No. 226.1, Private Provider Non 9-1-1 Medical Dispatch Guidelines	Taskforce 7/15/14	Reference No. 226.1, Private Provider Non 9-1-1 Medical Dispatch Guidelines draft was presented to the group. This algorithm is in a decision tree format for use by dispatchers/call takers. This policy must be ready to be presented to committees with Reference No. 226 and if approved today, can be presented at the August committee meetings. All members were previously provided copies of the draft policy and during the meeting each section of the policy was reviewed with the following sections/revisions discussed: • Specific questioning for each chief complaint will not be added to this	

		policy. Adding additional lines of questions could potentially delay patient care. Chief complaints that meet Reference No. 808 should be immediately referred to the 9-1-1 jurisdictional provider. • Private providers should report health facilities to the EMS Agency when they are confronted with issues related to patient care, such as refusing to allow a call to be referred to 9-1-1 when indicated or other actions that delay the patient's access to care. Unlicensed providers are being cited with notices of infractions in regards to violations of the County Code and Prehospital Care Policies and Procedures including failure to refer calls to 9-1-1 when indicated. The task force approved both Reference 226 and 226.1 and felt they met the goals intended in this policy and will be added to the PAAC and BHAC August agendas.	
Reference No. 226, Private Provider Non 9-1-1 Medical Dispatch	PAAC 10/15/2014	Policy reviewed and approved as presented. M/S/C (Greene/Guillen): Approve Reference No. 226, Private Ambulance Provider Non 9-1-1Medical Dispatch	

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: SUMMARY OF COMMENTS RECEIVED REFERENCE NO 202.1

Reference No. 226.1, Private Ambulance Provider Non 9-1-1 Medical Dispatch Caller Interview Guidelines	PAAC 10/15/2014	Policy reviewed and approved with the following recommendation: • Second Box from top: Replace "Signs and Symptoms of Shock" and "Sign and Symptoms of Stroke" to match wording in Reference No. 808.1, Base Hospital Contact and Transport Criteria – Field Reference. M/S/C (O'Brian/Greene): Approve Reference No. 226.1, Private Ambulance Provider Non 9-1-1 Medical Dispatch Caller Interview Guidelines with the above recommendation.	Change made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PRIVATE AMBULANCE PROVIDER NON 9-1-1 MEDICAL DISPATCH** (EMT/PARAMEDIC) REFERENCE NO. 226

PURPOSE: To establish minimum standards for private ambulance provider medical dispatch programs.

AUTHORITY: Health Insurance Portability and Accountability Act of 1996 (HIPAA) Health and Safety Code, Division 2.5, Sections 1797.220 and 1798 (a), California Code of Regulations, Sections 100172, 100173 and 100175, Los Angeles County Code, Chapter 7.16 Health Information Technology for Economic and Clinical Health Act (HITECH)

DEFINITIONS:

Advanced Life Support (ALS) Transport: The transport of a patient who requires patient care and/or monitoring that is within the paramedic scope of practice. Such transport is performed utilizing an ALS vehicle that has been approved and meets the requirements specified in Reference No. 703, ALS Unit Inventory.

Basic Life Support (BLS) Transport: The transport of a patient who requires patient care and/or monitoring that is within the emergency medical technician (EMT-I) scope of practice. Such transport is performed utilizing a BLS vehicle that has been approved and which meets the requirements specified in Reference No. 710, Basic Life Support Ambulance Equipment.

Computer Aided Dispatch (CAD): An electronic data management system designed to assist providers in managing ambulance vehicle resources with patient transportation requests and serves as a digital recorder of patient data, provider resource availability and transport pick-up and drop-off times and locations.

Dispatch Medical Director: A physician licensed in California, board certified or qualified in emergency medicine, who possesses knowledge of emergency medical systems in California and the local jurisdiction, and who provides medical dispatch medical direction and oversees medical dispatch.

Emergency Call: A request for an ambulance where an individual who has not been evaluated and stabilized to the extent possible by a physician on scene at a health facility, has a need for immediate medical attention, or where the potential for such need is perceived by the emergency medical personnel or a public agency that responds to 9-1-1 medical calls.

Interfacility Call: A request for patient transport originating from a health facility for transportation to another health facility.

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

Jurisdictional 9-1-1 Referral Call: A call received for patient transport where the patient's condition or presentation meets the criteria included in Section I of Reference No. 808, Base Hospital Contact and Transport Criteria based on the medical dispatcher's evaluation of the patient's status, based on information provided by the caller, or EMT's assessment and evaluation upon arrival at the pick-up location.

Non 9-1-1 Medical Dispatcher/Call Taker: A person employed by a private provider agency who provides medical dispatch services, and is currently certified as an Emergency Medical Dispatcher (EMD), Emergency Telecommunicator (ETC) or Emergency Medical Technician (EMT).

Non-emergency call: A request for the transport of a patient to or from a private residence, health facility or other non-medical facility in a licensed ambulance and which is neither an emergency call nor a critical care transport.

Critical Care Transport (CCT): The transport of a patient who requires patient care and/or monitoring that is within the Registered Nurse (RN) or Respiratory Care Practitioner (RCP) scope of practice. Such transport is performed utilizing a CCT vehicle that has been approved and meets the requirements specified in Reference No. 712, Nurse Staffed Critical Care Transport Inventory or Reference No. 713, Respiratory Care Practitioner Staffed Critical Care Transport Unit Inventory.

Prescheduled Call: A prearranged request for transportation scheduled in advance for the purpose of ensuring that an ambulance vehicle is available to transport the patient at predetermined date(s) and time(s).

Private Call: A request for patient transport originating from either a private residence or a non-medical facility to a health facility or non-medical facility.

Re-Route Call: A basic life support call in which field EMTs determine, based on their assessment and evaluation of the patient during transport, that a change in the patient transport destination to the most accessible receiving (MAR) facility is warranted, due to a change in the patient's condition as defined in Section I of Reference No. 808, Base Hospital Contact and Transport Criteria.

Urgent Call: An unplanned request for patient transportation (within one hour) of a non-emergent patient to a health facility. This will generally be a transport to an emergency department or urgent care.

Wait & Return Call: A request for patient transportation in which the caller requests that the ambulance crew wait for the patient at the receiving destination then return the patient to the original pick-up location; during this time, EMTs must remain at the patient destination and the ambulance and personnel may not respond to any other calls.

PRINCIPLES:

1. Private provider agency dispatch personnel are responsible for determining whether the call is appropriate for private provider transport or if referral to the jurisdictional 9-1-1 provider is required due to an emergency.

2. Private ambulance providers are prohibited from dispatching an ambulance to any call that would normally be considered an emergency 9-1-1 call for the authorized emergency transportation provider for that geographical area. A private ambulance provider may only dispatch an ambulance to such a call if the request is from either the 9-1-1 jurisdictional provider or the authorized emergency transportation provider requesting back-up services.

POLICY:

I. Private Provider Agency Medical Dispatch Program Requirements

Private provider agencies are responsible for maintaining dispatch requirements that include the following:

A. Basic Medical Dispatcher/Call Taker Training

B. Dispatch Policies and Procedures in accordance with Prehospital Care Policies and with Los Angeles County Code (including, but not limited to: Reference Nos. 517, 802, 808, etc.)

C. Records management of dispatcher's current EMT, ETC, or EMD certification and in-service training.

D. Staffing

E. Medical Direction and Oversight

F. Establishment and maintenance of a Quality Improvement Program according to Prehospital Care Policy.

G. Dispatch Data Collection

II. Private Provider Individual Dispatcher/Call Taker Requirements

A. Minimum qualifications for medical dispatchers/call takers:

1. Current certification as an Emergency Medical Dispatcher (EMD) or Emergency Telecommunicator (ETC) meeting the standards of the National Academies of Emergency Medical Dispatch or current certification as an Emergency Medical Technician (EMT) in the State of California.

2. New employees hired as dispatchers/call takers must have current EMD, ETC, or EMT within six (6) months of the date of hire.

B. Medical Dispatcher/Call Taker duties include:

1. Receiving and processing calls for non 9-1-1 transport or referral to jurisdictional 9-1-1 provider when indicated.

2. Determining, through key medical questions and as outlined in prehospital care policies, the nature and urgency of a medical incident, whether the call is emergent or non-emergent and the level of service required.

3. Dispatching the appropriate level of resources and the mode of response:

   a. BLS Transport

   b. ALS Transport

   c. CCT Transport

4. Giving corresponding information to responding personnel

5. Coordinating with jurisdictional 9-1-1 EMS providers or the authorized emergency transportation provider requesting back-up services.

6. Maintaining patient information confidentiality and security.

III. Private Provider Agency Policies and Procedure Requirements

Private Provider Agencies are responsible for developing and maintaining company specific policies and procedures that ensure compliance with the County Code and/or Prehospital Care policy and shall address, at minimum, the following:

A. The medical dispatch call is completed and call back number is obtained.

B. Systematized caller interview questions. Refer to Reference 226.1, Private Ambulance Provider Non 9-1-1 Dispatch Caller Interview Guidelines.

C. Protocols that determine vehicle response mode and configuration or referral to the 9-1-1 jurisdictional provider based on the medical dispatcher's/call taker's evaluation of severity of injury or illness utilizing Section I of Reference No. 808 as a guideline.

D. A call classification system that describes how the provider identifies the following call types:

1. Non-Emergency Calls

   a. Private Calls

b. Interfacility Calls

i. Pre-Scheduled Calls

ii. Urgent Calls

2. Emergency Calls

a. Jurisdictional 9-1-1 Referral Calls

i. Private Calls

ii. Interfacility Calls

b. Re-Route or Upgraded Calls – Dispatcher/Call Taker shall immediately perform the following:

i. Dispatcher/Call Taker shall document the date, time and rationale for re-route of the patient.

ii. Contact the MAR facility where the patient is being transported and provide the patient information.

iii. Contact the original receiving location and inform them that the patient is being transported to an alternate location.

iv. Contact the original pick-up location and inform them of the change in patient destination and provide them with the new destination.

3. Wait and Return Calls

E. Roles and responsibilities of the Dispatcher/Call taker during a Multiple Casualty Incident (MCI) as outlined in Reference No. 519.3, Multiple Casualty Incident Transportation Management.

F. Protocols that describe the data system utilized and the requirements for data entry (CAD or hand-written copy).

G. A record-keeping system, including report forms or a computer data management system to permit evaluation of patient care records and ensuring that patient confidentiality is maintained in compliance with protected health information (PHI) regulations including the Health Insurance Portability Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

IV. Staffing

The dispatch center shall be staffed with sufficient personnel to accomplish all dispatch operations and management which include:

A. A readily accessible dispatch supervisor or designee twenty-four (24) hours a day, seven (7) days a week.

B. Medical dispatchers who have met minimum certification requirements

C. Medical dispatch staff that is on site on a continuous 24 hour basis

V. Medical Direction and Oversight

Dispatch centers shall appoint a medical director who will provide medical oversight of the dispatch center by:

A. Reviewing and approving all dispatch policies and procedures related to patient care.

B. Providing ongoing periodic review of dispatch records for identification of potential patient care issues.

C. Providing oversight and participating in dispatch quality improvement, risk management and compliance activities.

VI. Dispatch Data Collection

A. Such information will include, at minimum, the following data elements and the date and time (hours and minutes) for the:

1. Initial call
2. Patient complaint/problem at time of call
3. Dispatch of ambulance
4. Ambulance enroute to call
5. Ambulance on scene of incident
6. Ambulance enroute to facility/destination
7. Ambulance arrival at facility/destination
8. Ambulance available
9. Ambulance cancelled, if applicable
10. Calls that have been referred to 9-1-1; if applicable.

B. The dispatch and patient care data shall be made available upon request to the EMS Agency for review.

VII. Site surveys

The EMS Agency will conduct, at minimum, annual site surveys to audit compliance with medical dispatch standards, agreement obligations, policy and procedure, and any other regulations applicable to the operations of medical dispatch.

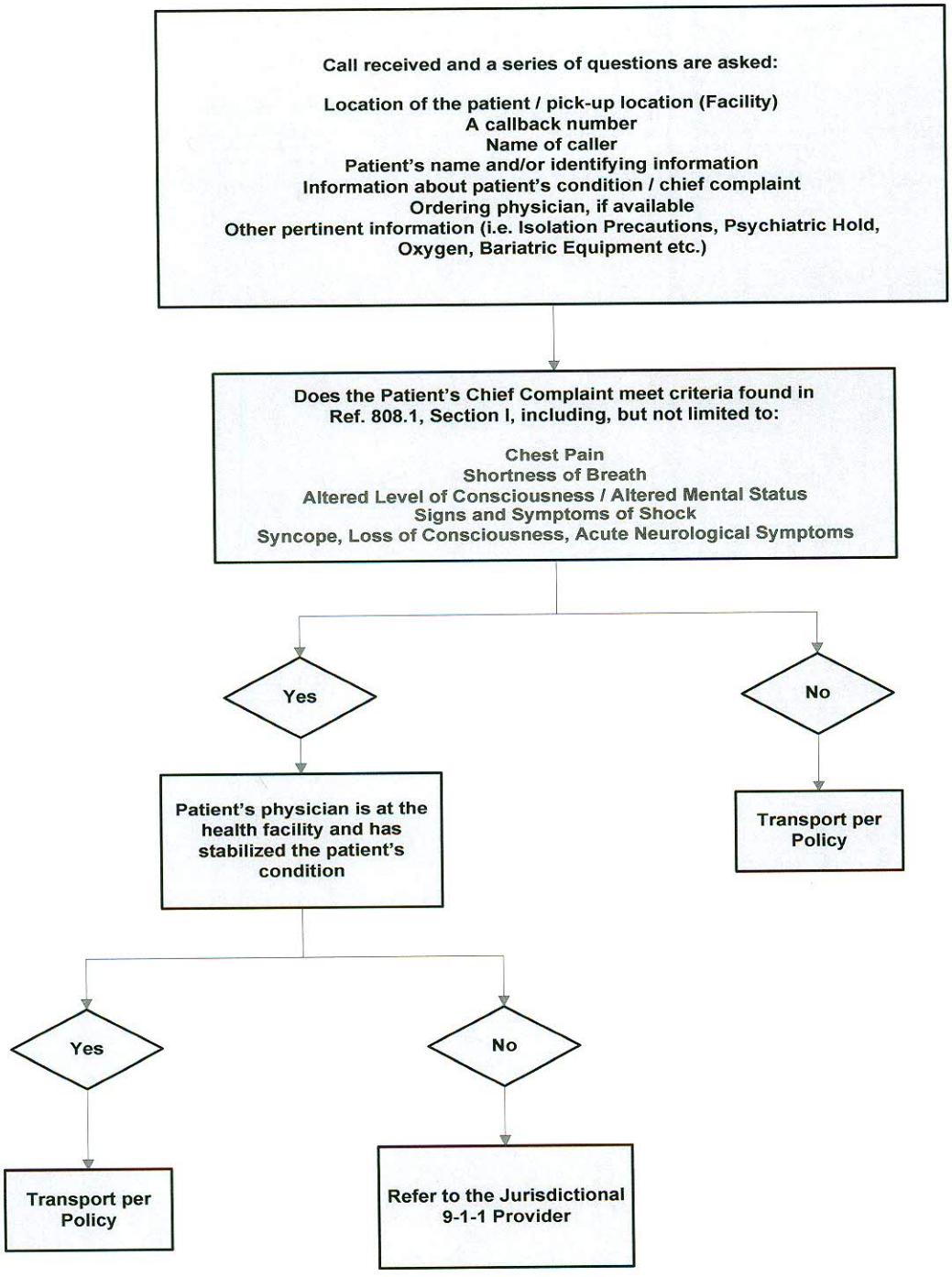
CROSS REFERENCES:

Prehospital Care Manual:

Reference No. 226.1, **Private Ambulance Provider Non 9-1-1 Medical Dispatch Caller Interview Questions**
Reference No. 414, **Critical Care Transport (CCT) Provider**
Reference No. 517, **Private Provider Agency Transport/Response Guidelines**
Reference No. 519.3 **Multiple Casualty Incident Transportation Management**
Reference No. 602, **Confidentiality of Patient Information**
Reference No. 620, **EMS Quality Improvement Program (EQIP)**
Reference No. 620.1, **EMS Quality Improvement Program (EQIP) Plan**
Reference No. 703, **ALS Unit Inventory**
Reference No. 710, **Basic Life Support Ambulance Equipment**
Reference No. 712, **Nurse Staffed Critical Care Transport (CCT) Unit Inventory**
Reference No. 713, **Respiratory Care Practitioner Staffed Critical Care Transport Unit Inventory**
Reference No. 802, **Emergency Medical Technician (EMT) Scope of Practice**
Reference No. 808, **Base Hospital Contact and Transport Criteria**

SUBJECT: **PRIVATE AMBULANCE PROVIDER NON 9-1-1 MEDICAL DISPATCH CALLER INTERVIEW GUIDELINES**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 226.1



Effective Date: